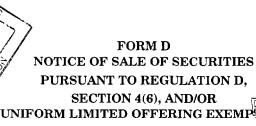
FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION WASHINGTON, D.C. 20549





SEC USE ONLY							
Prefix		Serial					
DAT	E RECEI	VED					

	COJUL U I ZUUJ
Name of Offering (check if this is an amendment and name has changed, a Cohanzick Absolute Return Partners, L.P.	and indicateFIMMSON FINANCIAL
Filing Under (Check box(es) that apply):	e 505 Rule 506 Section 4(6) ULOE
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICAT 1. Enter the information requested about the issuer	TON DATA
Name of Issuer (check if this is an amendment and name has changed, an Cohanzick Absolute Return Partners, L.P.	nd indicate change.)
Address of Executive Offices (Number and Street, City, State, 2427 Bedford Road, Suite 260, Pleasantville, NY 10570	Zip Code) Telephone Number (Including Area Code) (212) 838-9300
Address of Principal Business Operations (Number and Street, City, State, 2 (if different from Executive Offices)	Zip Code) Telephone Number (Including Area Code)
Brief Description of Business The Issuer is a private investment partnership which will invest in the following securities, (iii) undervalued securities, (iv) special situations, including event-dr	
Type of Business Organization corporation business trust Ilmited partnership, already limited partnership, to be	
Actual or Estimated Date of Incorporation or Organization: Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Ser CN for Canada; FN for other f	

General Instructions

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Control number.

2. Enter the information requ	uested for the follow	ving:	TCATION DATA		
_		_			
		as been organized within t		100/	
 Each beneficial owner the issuer; 	naving the power to	vote or dispose, or direct	the vote or disposition of,	10% or more of	a class of equity securities of
	and director of corp	orate issuers and of corpor	ate general and managing	partners of pai	tnership issuers; and
 Each general and mana 	aging partner of par	rtnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)	, , , , , , , , , , , , , , , , , , , ,			
Cohanzick Capital, L.P.					
Business or Residence Address	s (Number and Str	eet, City, State, Zip Code)			**
427 Bedford Road, Suite 260,	Pleasantville, NY	10570			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Sunnyside, L.L.C.		· · · · · · · · · · · · · · · · · · ·			
Business or Residence Addres	s (Number and Str	eet, City, State, Zip Code)			
427 Bedford Road, Suite 260,	Pleasantville, NY	10570			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, it	f individual)				_
Cohanzick Management, L.L.	C.				
Business or Residence Addres		eet, City, State, Zip Code)			
427 Bedford Road, Suite 260,	Pleasantville NV	10570			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or
					Managing Partner
Full Name (Last name first, if	individual)				
Sherman, David K.					
Business or Residence Addres	s (Number and Stre	eet, City, State, Zip Code)			
427 Bedford Road, Suite 260,	Pleasantville, NY	10570			
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	s (Number and Stre	eet, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				managing 1 titules
Business or Residence Address	s (Number and Stre	et, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)		.		
Business or Residence Address	(Number and Stre	et, City, State, Zip Code)			······································
	(Use blank shee	t, or copy and use addition	al copies of this sheet, as	necessary.)	

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-				B. IN	FORMAT	TION AB	OUT OF	FERING		_		
1. H	las the issuer	sold, or do Ans	es the issue wer also in	r intend to : Appendix, (sell, to non- Column 2, if	accredited in	nvestors in r ULOE.	this offerin	g?	-	des	No
2. What is the minimum investment that will be accepted from any individual?											\$ <u>1,000,0</u>	00 (subject to waiver)
3. I	3. Does the offering permit joint ownership of a single unit?											No
p s	Enter the information or operson to be lates, list the oroker or deal	similar ren isted is an e name of t	nuneration associated p he broker o	for solicitat person or a r dealer. I	ion of purch gent of a br f more thar	asers in cor oker or dea n five (5) pe	nnection wi ler register ersons to be	th sales of s ed with the	ecurities in SEC and/o	the offering or with a sta	g. If a ate or	
Full N	lame (Last na	me first, if	individual)									
Busine	ess or Reside	nce Address	(Number a	nd Street, (City, State, 2	Zip Code)				***************************************		
Name	of Associated	Broker or	Dealer					· · · · · · · · · · · · · · · · · · ·			· ·	
	s in Which Pe											
((Check "All St	ates" or che	eck individua	al States)			•••••	•••••				All States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	(DE) (MD) (NC) (VA)	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full N	lame (Last na	me first, if	individual)									
Busine	ess or Reside	nce Address	(Number a	nd Street, (City, State,	Zip Code)				_		
Name	of Associated	Broker or	Dealer	·						-	***	
States	s in Which Pe	rson Listed	Has Solicite	ed or Intend	ds to Solicit	Purchasers				_		
(Check "All St	ates" or che	eck individu	al States)						***************************************		All States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC] Name (Last na	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
r un iv	ame (Dast II	une mst, n	murviduai)									
Busine	ess or Reside	nce Address	s (Number a	nd Street, (City, State, I	Zip Code)						
Name	of Associated	Broker or	Dealer									
States	s in Which Pe	rson Listed	Has Solicite	ed or Intend	ds to Solicit	Purchasers						
(Check "All St	ates" or che	eck individu	al States)						•••••		All States
[AL] [IL] [MT]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	(CT) [ME] [NY] [VT]	(DE) (MD) (NC) (VA)	(DC) [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Type of Security Offering Price Sold Debt..... Equity ☐ Common Preferred Convertible Securities (including warrants)..... Partnership Interests \$100,000,000* \$6,652,166 Other (Specify_ \$100,000,000* \$6,652,166 Total..... Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero". Aggregate Number Dollar Amount Investors of Purchases Accredited Investors..... \$<u>6,652,166</u> 0 Non-accredited Investors..... Total (for filings under Rule 504 only)..... Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C--Question 1. Not Applicable Type of Dollar Amount Type of Offering Security Sold Rule 505 Regulation A Rule 504 Total..... Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an

*This is an estimated figure. This is an open-ended fund with no established maximum.

Total

expenditure is not known, furnish an estimate and check the box to the left of the estimate.

\$ 75,000

\$ 25,000

\$100,000

	b. Enter the difference between the aggregate offering price g Question 1 and total expenses furnished in response to Pa difference is the "adjusted gross proceeds to the issuer."	\$	\$ <u>99,900,000</u>			
5.	Indicate below the amount of the adjusted gross proceeds to the be used for each of the purposes shown. If the amount for a furnish an estimate and check the box to the left of the expayments listed must equal the adjusted gross proceeds to the to Part C - Question 4.b above.	any purpose i stimate. The	is not e tota	known, of the		
	;			Payments to Officers, Directors, & Affiliates		Payments to Others
	Salaries and fees	•••••	\boxtimes	\$*	. 🗆	\$
	Purchase of real estate			\$		\$
	Purchase, rental or leasing and installation of machinery and equipment.	•••••		\$		\$
	Construction or leasing of plant buildings and facilities			\$		\$
	Acquisition of other businesses (including the value of securities invoffering that may be used in exchange for the assets or securities of a pursuant to a merger)	another issuer		\$		\$
	Repayment of Indebtedness			\$		\$
	Working Capital			\$		\$
	Other (specify): <u>Investments</u>			\$	\boxtimes	\$99,900,000*
			_		_	
	Column Totals			\$	\boxtimes	\$99,900,000
	Total Payments listed (column totals added)				\$ <u>99,900,0</u>	<u>1000</u>
	D. FEDERAL SIGN	ATURE				
sigr	issuer has duly caused this notice to be signed by the undersigned duly authorature constitutes an undertaking by the issuer to furnish to the U.S. Securit information furnished by the issuer to any non-accredited investor pursuant	ies and Exchang to paragraph (b)	e Com	mission, upon wr		
Issu	ner (Print or Type)			_Date		
Coh	nanzick Absolute Return Partners, L.P.			June 24, 2005		
Naı	me of Signer (Print or Type) Title of Signer (Print	nt or Type)				
Dav	rid K. Sherman Managing Member of L.P., the General Pa			ne General Partn	er of Coh	anzick Capital,
				·		

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

^{*}A quarterly Management Fee equal to 0.25% (1% per annum) of the Capital Contributions will be paid to the Management Company by the Issuer.

	E. STATE SIGNATURE									
1.	Is any party described in 17 CFR 230.262 presently subjective provisions of such rule? Not Applicable. Rule 506 Offer.	· · · · · · · · · · · · · · · · · · ·	Yes No							
	See Appendix, Column	5, for state response								
2.	The undersigned issuer hereby undertakes to furnish to Form D (17 CFR 239.500) at such times as required by s	any state administrator of any state in which this notice is state law.	filed, a notice on							
3.	The undersigned issuer hereby undertakes to furnish to issuer to offerees.	the state administrators, upon written request, information	furnished by the							
4.	•	niliar with the conditions that must be satisfied to be entitle h this notice is filed and understands that the issuer claiming ese conditions have been satisfied.								
	issuer has read this notification and knows the contents tersigned duly authorized person.	to be true and has duly caused this notice to be signed on its	behalf by the							
Issue	er (Print or Type)	Signature	ate							
Coha	anzick Absolute Return Partners, L.P.	July 10	íne 24, 2005							
Nam	e (Print or Type)	Title (Print or Type)								
Davi	d K. Sherman	Managing Member of Sunnyside, L.L.C., the General Capital, L.P., the General Partner of the Issuer	l Partner of Coha							

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				AP	PENDIX	4			
1	Intend to non-ac investors (Part B -	to sell ccredited in State	Type of security and aggregate offering price offered in State (Part C - Item 1)		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E - Item 1)*				
State	Yes	No	Limited Partner Interests	Number of Accredited Investors	Accredited Non-Accredited				
AL	· · · · · · · · · · · · · · · · · · ·							Yes	No
AK	- · · -								
AZ									
AR							<u>,</u>		
CA		Х	100,000,000	5	2,101,019		A. 1957		
СО									
CT									
DE									
DC									
FL		Х	100,000,000	1	1,350,907				
GA									
HI									
ID									
IL									
IN									
IA		Х	100,000,000	1	120,174				
KS									
KY		Х	100,000,000	1	602,213				
LA									
ME									
MD									
MA							·		
MI									
MN									
MS									
МО			Ne 506 Offering						

^{*}Not applicable undr NSMIA. Rule 506 Offering.

				AP	PENDIX				
1	Intend to non-ac investors (Part B -	to sell ccredited in State	Type of security and aggregate offering price offered in State (Part C - Item 1)		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E - Item 1)*				
State	Yes	No	Limited Partner Interests	Number of Accredited Investors	Accredited Non-Accredited				
MT									
NE									
NV									
NH					, ,				
NJ		Х	100,000,000	3	850,000				
NM									
NY		Х	100,000,000	7	1,377,853				
NC									
ND									
ОН	·								
ок									
OR									
PA		Х	100,000,000	1	250,000				
RI						·			
SC									
SD									
TN									
TX								n-1-a.n.	
UT									,
VT									
VA							U.S., 21.1 - 1.771.0 - 2		
WA									
wv									
WI									
WY									
PR	l' l. l		- t- 500 0% /-						

^{*}Not applicable under NSMIA. Rule 506 Offering.

BOS1503409.1